2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000064403

Entity Name: LEE COMMERCE, LLC

FILED Oct 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

213 WALLACE AVE. 5565 LEE ST. LEHIGH ACRES, FL 33971 SUITE #1

LEHIGH ACRES, FL 33971

Current Mailing Address: New Mailing Address:

213 WALLACE AVE. 5565 LEE ST. LEHIGH ACRES, FL 33971 SUITE #1

LEHIGH ACRES, FL 33971

FEI Number: 20-3106991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNOTT, GEORGE H ESQ. 1625 HÉNDRY STREET SUITE 301

FT. MYERS, FL 33901 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GEORGE KNOTT

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR () Delete Title: () Change () Addition

GNAGEY, JOHN WILLIAM III Name: Name: Address: 9240 MARKETPLACE ROAD SUITE 20 Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition JOHNSTON, RICHARD COREY Name: Name: JOHNSTON, RICHARD COREY Address:

213 WALLACE AVE. Address: 5565 LEE ST.

City-St-Zip: LEHIGH ACRES, FL 33971 City-St-Zip: LEHIGH ACRES, FL 33971

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD JOHNSTON 10/06/2006